

## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A  
 DES MOINES, IA 50319  
 Fax: (515)281-4073  
 www.iowa.gov/ethics

Reset Form

## FORM-GB

Gift or Bequest information received  
 by a department or accepted by the  
 Governor on behalf of the state

## For office use only

Indexed \_\_\_\_\_  
 Audited \_\_\_\_\_  
 Checked \_\_\_\_\_  
 Computer \_\_\_\_\_

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

## DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

## IA Department of Human Rights

Name of Department or Office  
 321 E 12th St

Des Moines IA 50319

Mailing Address  
 515-281-3274

City, State, Zip Code

Area Code &amp; Telephone No.

## CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Kimberly Checks

Name

Mailing Address (if different from above)

City, State, Zip (if different from above)

kim.checks@iowa.gov

Email Address

Area Code &amp; Telephone Number (if different from above)

## DONOR OF GIFT OR BEQUEST:

Jacqueline Thompson

Name

2100 Center St

West Des Moines IA 50265

Mailing Address

City, State, Zip Code

641-777-0321

Area Code &amp; Telephone Number

drjacquelinethompson@gmail.com

Email Address (optional)

December 27, 2018 \$25.00

Date of Gift or Bequest

Amount/Value\*

\*value is defined as "fair market value" of item as determined by  
 receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

Donation - 2019 MLK Event - "I Have a Dream" to be held in DSM 1/19/19

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

## Statement of Affirmation:

I, Kimberly Checks affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Kim Checks  
 Signature

12/28/18

Date